



LEASE NOTIFICATION

Form 097 - LN

Land Titles Act 1925

LODGING PARTY DETAILS			
Name	Email Address	Customer Reference Number	Contact Telephone Number

TITLE AND LAND DETAILS			
Volume & Folio	District/Division	Section	Block

WHICH LEASE NOTIFICATION IS APPLICABLE	
<input type="checkbox"/> Market Value Lease Notification	<input type="checkbox"/> Concessional Lease Notification

FULL NAME AND POSTAL ADDRESS OF REGISTERED PROPRIETOR/S (Surname Last) (ACN required for all companies)

ACT PLANNING AND LAND AUTHORITY DECISION	DATE
<input type="checkbox"/> Attach ACT Planning and Land Authority Decision notice	

CERTIFICATION - EXECUTION BY ACT PLANNING AND LAND AUTHORITY	
<p>* The Certifier has retained the evidence to support this Registry Instrument or Document. * The Certifier has taken reasonable steps to ensure that the Registry Instrument or Document is correct and compliant with relevant law and any Prescribed Requirement.</p>	
Signed By:	Witnessed By (signature):
Delegate of Authority Position Number:	Full name of Witness:
for: ACT Planning and Land Authority	

OFFICE USE ONLY			
Lodged by		Registered by	
Data entered by		Registration date	